

**City of Milpitas
Family Child Care Assistance Fund
Grant Application**

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email: _____

Department of Social Services Community Care Licensing Facility #: _____

• Please attach a copy of your license to this application •

Date License first issued: _____

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

2. Amount you are requesting \$ _____

3. How many children are currently enrolled in your program? _____

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3203

5. In order to understand your client population, please indicate number of **families** served per category:
- _____ Parent(s) live and work in Milpitas
_____ Parent(s) live in Milpitas but work in another City
_____ Parent(s) live in another City but work in Milpitas
_____ Parent(s) do not live or work in Milpitas
6. Do you currently belong to any Professional Child Care Associations? Please list.
- _____

7. What hours are you open to provide child care services?
_____ AM to _____ PM
Days of the week: _____
8. Is your program accredited? _____
If yes, by what organization? _____
If no, do you have plans to become accredited? _____
9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).
- _____

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?
- _____

11. Please list all of the previous years you have received grant funding from the City of Milpitas.
- _____

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.
- _____

**Please attach a copy of your current license issued by
the Department of Social Services Community Care Licensing.**

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